

No. 388  
10.48

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Reg. 89921

STANDARD CERTIFICATE OF DEATH

State File No. 43172

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2891

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFF. BRKS. MO.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS COUNTY 4000	
d. FULL NAME OF HOSPITAL OR INSTITUTION VET. ADM. HOSP.		d. STREET ADDRESS (If rural, give location) 7228 MALLARD DRIVE 0	
3. NAME OF DECEASED (Type or Print) a. (First) CLEMENT b. (Middle) C. c. (Last) AUSSIEKER		4. DATE OF DEATH (Month) (Day) (Year) 12/11/50	
5. SEX M 0	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /	8. DATE OF BIRTH 4/24/19
9. AGE (In years last birthday) 31		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Const Foreman	11. BIRTHPLACE (State or foreign country) Wellston, Missouri 0
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Henry Aussieker	
13b. MOTHER'S MAIDEN NAME Amy Leedtern		14. NAME OF HUSBAND OR WIFE Winifred Aussieker	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World II		16. SOCIAL SECURITY NO. Unk.	
17. INFORMANT'S SIGNATURE OR NAME V. A. HOSPITAL RECORDS		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMATOSIS  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of stomach DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify) NONE	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21b. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)	
21c. TIME OF INJURY (Month) (Day) (Year) (Hour) VA m.		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21e. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from 11/14 1950, to 12/11 1950, that I testifies the deceased was on XXXXXXXXXXXXXXXXXX, and that death occurred at 8:20 Pm., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) M.D.		23b. ADDRESS V.A. HOSP. JEFF. BRKS. MO.	
23c. DATE SIGNED 12/11/50		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0	
24b. DATE Dec. 14, 1950		24c. NAME OF CEMETERY OR CREMATORY LAKE CHARLES	
24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Alexander & Sons 6175 Delmar	
DATE REC'D BY LOCAL REG. 12/12/50		REGISTRAR'S SIGNATURE Herbert R. Tomke M.D.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*Joe E. McCulloch*

Licensed Embalmer No. *227600*

P. O. Address *6123 Delmar*

Signed .....  
Student Embalmer

--- Note: The above **MUST** BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.